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TYPE **SMALL ENTITY ISSUE FEE PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$665 \$300 \$965 08/26/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** TRINH, BAK 1625 549-220000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the Ralph T. Lilore names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. will be printed. 3. 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16